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20



**A CASE OF SOME ROSEOLAR ERUPTION WITH  
CONSTITUTIONAL DISTURBANCE.**

**IS IT LEPROSY?**

**AND**

**DOES THE INTERNAL ADMINISTRATION OF SALOL  
EXERT ANY INFLUENCE ON CUTANEOUS  
ERUPTIONS?**

**BY DR. N. F. SURVEYOR.**



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## A CASE OF SOME ROSEOLAR ERUPTION WITH CONSTITUTIONAL DISTURBANCE.

IS IT LEPROSY?

BY DR. N. F. SURVEYOR.

I saw this case in July 1904 when the patient was recovering from a sharp attack of fever, accompanied with œdema of the extremities and face. At that time the face was covered with large blotches of roseolar wheals; they were best marked on the forehead and cheeks.

The nose and ears were also swollen and red.

The history of the complaint is as follows :—

In August 1903, the patient gave birth to a child and was quite well for about three months after delivery.

The first symptoms noticed were a feeling of heat in the ears and face; at the same time it was found that the skin of these parts was of a rose colour.

This lasted for about a month, when she had an acute attack of fever with the appearance of roseolar wheals on the face. The ears and nose were also red and œdematous. The fever subsided within a fortnight, but the eruption did not disappear; on the contrary other patches appeared on the extremities.

In May 1904 she had another severe attack of fever with œdema of the lower extremities, and at this time the eruption was most marked at the commencement of the fever: moreover, as she became anæmic and wasted, it was noticed that the eruption was fainter, although the fever was worse. However, as the fever subsided and her health improved, the redness returned.

When I saw her first, the eruption on the extremities was slightly brownish-coloured, but not raised, the skin was harsh and dry, and the epithelium was being shed in the form of powder. The feet were still œdematous and the characteristic eruption on the face was still present. I obtained some blood-tinged fluid from one of the ears, which were red and œdematous. No leprosy-bacilli were found in this. The nose was also œdematous and the patient found it difficult to breathe on account of a collection of hard dry crusts in the nostrils. The latter were

also stained for leprosy-bacilli, with negative results. The urine was found to contain traces of pus and albumen. I was told that the skin eruption was becoming worse with the improvement of her health. I may state that in no part of the body have I detected anæsthetic patches. The skin of the hands appears shiny and wasted, but no sensory disturbance has ever been noticed.

**Treatment:—**

As thyroid substance is said to have a specific effect in many skin affections, I put this patient on that in combination with tabloids of hemisine (B. W. & Co.)

This latter was given with a view to bring about constriction of the peripheral blood-vessels.

Salol and boric acid were given at the same time on account of the pus in the urine. She was getting much better till, about two months back, the skin of the forehead had lost its red colour, and the nose and ears were more or less normal in colour.

The menses, which had stopped up to now, had returned, and she had stopped everything except thyroid during her period, when one day the eruption re-appeared on the face in the original areas. The nose and ears were also swollen. The patient attributes this to her having taken a little fish, which article of diet she had not partaken of for many months. This may be a coincidence only ; however, as thyroid did not seem to stop the recurrence of the attack, I have omitted it now, and instead of that she takes methylene blue pills, in addition to the other treatment mentioned above. She takes these pills for one or two days, and stops taking any so long as the urine remains blue ; as soon as it is normal-coloured, the drug is again taken and so on.

At present the skin of the face, where the eruption has been, is slightly brownish-coloured, but that is not due to any pigmentation as, on applying pressure to the part, it becomes pale-white like the adjoining skin. I may state here that there is no history of venereal disease. As for the diagnosis, I am inclined to look upon this eruption as septic in origin and not as a manifestation of leprosy, because along with the improvement of the skin-condition the pus and albumen have almost disappeared from the urine.

“ DOES THE INTERNAL ADMINISTRATION OF SALOL  
EXERT ANY INFLUENCE ON CUTANEOUS  
ERUPTIONS ? ”

Dr. Charles Begg, in a communication to the *British Medical Journal*, dated 6th January 1900, states that he has found the internal administration of salol very effective in allaying the itching in small-pox, and that it prevents the onset of suppuration in the same complaint.

In May 1900 I had under my care an infant, about 2 months old, whose trunk, extremities and skull were almost one mass of boils.

These were coming up in crops, and as soon as one lot were opened, another batch commenced to suppurate.

They were mostly deep-seated, and the knife was required almost every other day to open at least about four or five boils.

As this process was wearing out the patient, in spite of careful dressing and the internal administration of calcium sulphide and diuretics, I put the patient on salol, gr. i, twice or thrice a day. The first change noticed was stoppage of the formation of new boils. Then the suppurative process was retarded in those boils which had commenced to suppurate, while those which were immature commenced to subside ; the youngest subsided first.

This treatment was continued till the infant was perfectly free from boils.

Since that I have tried this drug in other cases with similar results. The next case was that of eczema intertrigo with formation of boils round the genitals and anus. In this case salol was given in 10-grain doses once a day, with calcium sulphide. The latter drug was administered only during the first few days of illness, but as no marked effect was noticed except slight retardation of the rate at which new boils appeared, salol was stopped and the other drug only was administered for a few days, when it was found to have no appreciable effect. Then salol was administered alone, and it was soon noticed that the beneficial effect was more rapid, and



the course of the disease was cut short. For external use simple zinc oxide was used as a dusting powder. The third case is not so conclusive, as the patient was diabetic: it may be that the itching and pustule formation near the genitals was allayed by the salol treatment, not because salol has a specific effect on the skin eruption, but on account of the reduction of sugar which is also brought about by the administration of the same drugs. However, the patient was relieved on account of one or other reason.

The fourth case is that of deep-seated abscess of the heel. It had to be opened and healed up slowly. A few days afterwards the other heel was affected with similar symptoms; however, the administration of salol, gr. v, twice a day was commenced, and the pain and swelling soon subsided.

The fifth case is that of chronic pyorrhœa alveolaris. The condition had lasted for about 3 years before the patient came to me. All the gums were raw and most of the teeth were loose.

The boils appeared at very short intervals, in fact, some months before coming to me the patient was never free from them.

Salol (gr. v) and acid boric (gr. x) were given twice a day.

The result has been considerable relief from gum-boils. Only once a month, or even at longer intervals, does one appear.

This case I regard as a very severe test for this drug, and I am quite satisfied that it has done much good, as antiseptic washes and tonics had been tried without much benefit.

Three other cases of recurrent gum-boils have rapidly yielded to this treatment. The dose was gr. v once or twice a day, and it was continued till the tendency was checked; however, whenever treatment was stopped prematurely, the boils recurred.

Lastly, I have to state that in four cases of boils during summer-heat, salol has stopped new crops from appearing.

During the epidemic of small-pox at Hull in 1900, two medical men tried this method in some hospital cases with results which clearly proved Dr. Begg's statement mentioned above.